Innovative Workforce Fund
Final Implementation and Reflection Report

wellways
OUTTOGETHER

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1. Project details

Out together – Developing a LGBTIQ peer workforce for NDIS service provision.

A project by Wellways Australia Ltd - in partnership with GLHV - Gay, Lesbian, Health Victoria - Senswide - National LGBTI Health Alliance

Wellways Australia Limited is a not-for-profit mental health and disability support organisation. Our approach is founded on the principle of having support provided by people who have had lived experience as consumers or carers. Wellways has an established working group ('WellProud') of staff, volunteers, consumers and carers who identify as LGBTIQ+ (or who are allies).

People living with a disability who identify as LGBTIQ+ may experience significant barriers to accessing services – including the NDIS - and being fully included in the community, often as a result of phobia, stigma or discrimination.

The Out Together project was undertaken to meet the needs of LGBTIQ+ NDIS participants by providing a LGBTIQ+ workforce who can draw on lived experience expertise. The project draws on established evidence-based approaches in peer support within the mental health sector, applies these more broadly to people with a disability, and targets them specifically at a marginalised group - NDIS participants who identify as LGBTIQ+. This is a new approach to offering support to this group of participants.

A LGBTIQ+ peer support toolkit has been developed through a co-design process. This resource provides information and resources for current and future NDIS providers, workers, participants and families. It includes a range of materials, lived experience videos and links to helpful services and information available online. The toolkit is used in a training package for new support workers, with 3 hours of online training and 6 hours of face-to-face training.

Using a specific recruitment strategy, 13 workers who identify as LGBTIQ+ and have lived experience of disability have been engaged by Wellways and trained as peer workers using these resources. These support workers have worked with 14 participants who identify as LGBTIQ+ within the project and 87 participants in Wellways' broader NDIS services across the regions of North East Melbourne and Western Victoria.

2. Reporting on outcomes

(2 pages, please append data collection instruments or more detailed reports in addition)

In this section you need to provide the results of your project.

You will need to refer back to your outcomes matrix in the Evaluation and Learning Plan you submitted.

Based on the outcomes you identified, describe what your project achieved and the evidence you collected to measure this outcome.

Report outcomes under the following three headings:

2.1 Service user satisfaction and empowerment

Wellways held participant focus groups and used an appreciative inquiry approach in identifying common themes for Out Together participants. The top themes from the focus groups were:

- An increased sense of empowerment and higher levels of self-esteem
- A sense of greater continuity of support leading to better outcomes and increased satisfaction
- Participants who have received NDIS support previously reported having a LGBTIQ+ worker enabled greater validation of their experiences when compared with previous support workers
- More visibility of disability and mental health challenges specific to LGBTIQ+ people
- Experiences of acceptance and understanding: “I enjoy having a LGBTIQ+ worker who isn't going to be sour or judgmental and understands where I am coming from without having to go into a whole lot of detail”
- Hearing from a peer about their own experiences and challenges provided participants with a sense of reassurance through seeing “living, breathing examples of the messiness of life”
- Having peers share their own recovery journey encouraged people to explore different strategies and “try new ways of being”
- The development of supportive networks and a range of natural supports in community
• **An experience of relationships that are both authentic and professional:** “I really appreciated having a worker who is completely relatable rather than professionals (that I’m) used to being so clinical and sterile in a way.”

Workers reflected on the benefit of Out Together for participants, as in the examples below:

• “I have had a wonderful experience with a participant who I have seen weekly for most of the year. She lives with anxiety that often leaves her feeling unable to leave the house and also extremely nervous to interact with other people. We have slowly built what feels like a really connected and trusting relationship, and (she) appears to feel confident in telling me honestly what isn’t working and what might help her have a better day or experience. We regularly negotiate ways to see each other on her more difficult days - doing activities that support both of our wellbeing: walking, being in nature mostly, exploring areas near her home that provide a relaxing experience and helping her become familiar and confident in accessing these comfortably. I feel really honoured with how much she has shared with me - and it has been so beneficial for me to spend time each week, doing mutually healing and relaxing activities. We have had some very open and important discussions around identity and place as well. This participant is now feeling really thirsty for social connection with other LGBTIQ+ people and has suggested that Out Together start a social/support group.”

• “One participant had a lot of anxiety – we used a structured process to be able to access social venues together. The participant is now able to access the same social settings on their own whereas they were previously not able to access these at all. This positive experience enabled the participant to suggest new venues to try and to vary their routine – previously they were unable to do this due to anxiety.”

• “(This participant) has history of being in crisis and feeling disempowered to act. At the beginning of working together they required me to initiate all solutions or contact with external providers. Now the participant still describes themselves as being in a state of crisis, yet by the time the appointment occurs, the participant has already initiated strategies and supports and moved out of crisis.”

### 2.2 Worker skills and engagement

Wellways held one to one interviews and focus groups and used an appreciative inquiry approach in identifying common themes for Out Together workers. The top themes were:

• Workers reported a sense that their experiences of mental health challenges and/or disability and identifying as LGBTIQ+ individuals were validated and celebrated by Wellways: “As a worker, I absolutely love the idea of the project and enjoyed being a part of it! The support when we needed it from other staff is great. Being able to be open about our orientation with anyone in the office was really cool”

• The training supported workers to practice with confidence: “Right from the start the training was awesome and meant we were able to start working without any worries at all. It prepared us well and meant when any situation arises we are able to handle it knowing we had run through all sorts of scenarios”

• Workers reported that the peer work training and practice enabled them to develop skills which often led to an improvement in relationships in their own professional and private lives

• Workers reported having a greater sense of self-worth as a result of being involved in the project

• Peer workers found the co-reflection supervision process was empowering: “I became aware of my power as a change agent for the organisation and how I could contribute to developing NDIS services”

• People who had received Intentional Peer Support training prior to the Out Together project reported enhanced confidence in applying theory to peer work practice

• Workers benefited from sharing personal and professional networks with each other, including LGBTIQ+ pride events, gender support groups, external service providers and alternative community based activities

• Some workers were concerned that only having a few LGBTIQ+ peer workers within a team could impact on participants’ ability to access the service
In interviews with the managers and supervisors of Out Together workers, feedback was that the workers were passionate and engaged despite some initial teething challenges experienced during the project. Themes in the reflection from managers included:

- The project engaged staff's core values and motivated them in their work.
- Staff enjoyed the opportunity to contribute their knowledge and expertise to development of project resources that would influence organisational culture, policy and practice.
- The project provided opportunities for workers to further develop their peer work skills in a new setting.
- There were good opportunities for professional development for workers who were invited to present at conferences and to attend sector consultations.

2.3 Organisational sustainability

Interviews with Wellways managers reflected a general sense that the Out Together project had potential to grow business, improve service quality and reduce costs relating to staff turnover.

Themes relating to business growth included:
- Networking with LGBTIQ+ services led to new opportunities for partnership with groups such as Deakin University. Being part of Deakin's LGBTIQA action plan enabled Wellways to come together with LGBTIQ+ specific organisations in Geelong for networking and a quarterly formal forum/meeting.
- Opportunities to demonstrate expertise in working with LGBTIQ+ people will enable Wellways to tender for further funding in this area.
- Opportunities to promote Wellways nationally: e.g., the Project Manager presented to the National LGBTI Health Alliance 2018 Health In Difference Conference in Sydney, which stimulated great interest among the audience and opened up new conversations and networks. Wellways also shared learnings about implementing peer work in the NDIS operational environment at the 2018 Brook Red Conference (a peer-led conference) in Brisbane.

Themes relating to quality improvement included:
- The development of supportive networks improved participant outcomes and supports Wellways Well Together community inclusion model.
- The project stimulated discussion among colleagues and commitment to inclusive practice.
- Peer workers were seen as change agents: “(This approach) radiates out and encourages non-peer staff to be more engaged”.

Themes relating to potential staff retention and cost reduction were:
- Staff feel safer in an organisation that demonstrably values and celebrates diversity of experience and identity. One manager stated that staff were “Openly identifying themselves as members of the LGBTIQ+ community within Wellways for the first time as a result of conversations about the Out Together project.”
- The project showed how Wellways can engage workers at values level and nurture their passion for service delivery in the organisation. One manager stated: “This means training costs are once off rather than churn and burn approach”. Over the 12-month project, Wellways were able to retain 75% of Out Together workers, and almost all workers who did leave did so for positive reasons (e.g., moving to another area, moving to another more senior position). This level of retention is notable when compared to some of Wellways other NDIS programs that have experienced up to 50% turnover of staff within the first 12 months.
3. Reflections

(5 to 10 pages plus any attachments plus completed tools and resources)

Use these questions to reflect on your experiences through the project. Your coach can assist you if you need to customise questions for your specific project.

3.1 Reflecting on implementation

a. Engaging stakeholders: What were the most useful strategies you used to engage and communicate about the project? How/why were they successful? What would you do differently?

Stakeholders in the Out Together project included potential participants, potential workers, external organisations (e.g., disability providers, LGBTIQ+ specific services), Wellways staff.

In engaging potential participants, the following strategies were effective:

- Utilising existing relationships with former and current Wellways service recipients who were in the NDIS already or in the process of applying. For these participants a combination of phone conversations and follow up face-to-face meetings where appropriate. Participants were able to ask questions, seek clarification and engage with the Project manager as part of this process.

- Leveraging existing LGBTIQ+ networks at Wellways (e.g. WellProud) that had already supported the development of rapport and trust with LGBTIQ+ participants and family members. Some of the participants were familiar with the Project Manager through previous interactions, which assisted the connection. This was a key component in getting the participants started as quickly as possible to overcome internalised stigma and previous negative experiences as an LGBTIQ+ person with service providers.

- The other most successful strategy for participant engagement and communication was promotion to disability and LGBTIQ+ specific services and partners. The participants heard about the project through a person they trusted and together we established the most appropriate follow up discussions to suit their needs. This also drew on rapport and existing relationships to foster trust, and overcome the barriers associated with previous negative experiences.

b. How appropriate was your initial concept? What/did you change or adapt along the way and why?

The initial concept was appropriate and suited the purpose of the project and IWF model. However, we did adapt and change a number of elements. These included:

- Wellways initial intention was for the project to be developed under through a co-production process. Several factors combined which meant co-design was the most appropriate process to undertake. These factors included time constraints for of the project, logistical barriers for travel for LGBTIQ+ participants with mental health challenges and or disabilities, and technology barriers including mobile reception and internet reliability. The technological barriers were experienced by 2 participants in the co-design group who lived in regional areas – while the numbers of people impacted was not high (and we were able to include their input through individual conversations), this was still a significant impact in terms of not being able to participate in collaborative co-production with peers. In addition, we discovered that participants’ capacity to confidently engage in co-production was impacted by their experiences of internalised stigma from negative experiences as a result of being LGBTIQ+ and having a mental health challenge and/or disability.

The co-design process for training materials drew upon existing peer training resources, LGBTIQ+ evidence based resources and needs previously identified by Wellways’ LGBTIQ+ participants with disability and/or mental health challenges. A focus group of LGBTIQ+ participants with disability and/or mental health challenges, carer representatives of LGBTIQ+ people with disability and/or mental health challenges and NDIS packages, and LGBTIQ+ workers with experience in peer workforce and NDIS operational environment reviewed the training material, provided feedback which was incorporated. The training was delivered to peer workers who identify as LGBTIQ+ and with personal experience of the NDIS to test how prepared they would feel to operate with this level of training and identify how it could be improved.

Ideally, a co-production process would have commenced prior to grant application process and have included stakeholders determining if there were in fact barriers to be overcome within the NDIS and access for LGBTIQ+ individuals with disability and/or mental health challenges.
• Wellways changed the geographical area to focus the project delivery into a narrower, more specific area than originally proposed. Focussing on delivering in two regions (NEMA and Barwon) allowed for project workers to be operating closer together to be able to support each other. This was seen as a critical factor for workers operating in a different modality to their mainstream colleagues. This geographical focus allowed customer service officers, rostering staff and managers of the sites to be more effectively resourced with the information and skills necessary to confidently and safely support a pilot program.

3.2 Reflecting on impacts and outcomes

a. What are the top two or three things you have learned from doing this project?

• The project confirmed our hypothesis on the positive impact of peer work in providing a sense of genuine choice and control for NDIS participants. For example, the matching process provided an opportunity to really listen to people's preferences and connect people with the right worker based on these. Example notes from the matching process demonstrate this:

> “(Participant) prefers LGBT female workers who are easy going but can be motivational towards her struggle with staying clean. She really wants to work on how she can improve her relationship with medical professionals. (Out Together worker) would be a perfect fit.”

> “(Participant) would like to find a worker that is not going anywhere anytime soon. Preferably female who is easy going and understanding of agoraphobia, depression and PTSD. She is at the stage now with her agoraphobia that she is able to walk up and down the street and occasionally drive her kids to school in her new car. (Out Together worker) would probably be a good match.”

• The critical importance of the co-reflection supervision model for peer workers, and the challenge of working out a way for this to be funded within the constraints of the NDIS operational environment. Co-reflection was highly valued by workers, who reported that the model enabled:

> Sense of normalcy in experiences of challenges

b. Have there been any outcomes that have surprised you?

One unexpected outcome of the project was the conflict a worker may experience providing peer support to LGBTIQ+ participants while also providing support to “mainstream” participants. One peer worker reported having unexpectedly “stepped back into the closet” when providing peer work with a mainstream NDIS participant. In the course of conversation, the participant had assumed the worker was female and asked if “she” had a boyfriend. The worker was aware of the participant’s strong evangelical Christian value system and assumed to say they had a female partner might damage the connection and answered ‘yes’. This resulted in considerable angst for the worker who felt they were rejecting aspects of their identity and also not being authentic in the relationship.

This internal conflict was discussed during one-to-one co-reflection with the Project Manager. Together they explored identity, assumptions about the world view of others based on perceptions and internalised homophobia and stigma. Following this, the worker was able to discuss their concerns in a meaningful way with the participant using the IPS model. The process deepened the connection between the worker and participant, as both were able to discuss their world views openly. This was a new way of being in relationship for the participant, and also enabled the worker to afford the participant the dignity of risk rather than assuming a conversation about gender and sexual identity would be beyond his ability. The outcome of this was that the worker was able to resolve internal conflicts and reaffirm their identity, grow as a peer worker, deepen the professional relationship with the participant, and provide a critical learning opportunity for Wellways when considering workers delivering mixed modality services across diverse client bases. Co-reflection played a critical role in the worker’s wellbeing and sustainability in the role, providing a sense of being supported by Wellways.
c. Were there outcomes that you expected to see, but didn’t?

Wellways anticipated a greater uptake in the number of NDIS participants who identify as LGBTIQ+ in the Out Together Project. The fact that this did not occur was seen as being due to a variety of contributing factors. These included:

- Presence of internalised stigma relating to mental health challenges and/or disability, and homophobia/transphobia/biphobia etc. This impacted sense of safety in community (often expressed as debilitating social anxiety and panic attacks), willingness, and ability to ‘come out’ or ‘invite in’ new people or services into their life.
- Apprehension of non-Out Together Wellways staff in discussing LGBTIQ+ issues and health, which may have reduced the effectiveness of participant engagement and created barriers to people seeking referral to Out Together. More LGBTIQ+ cultural safety training is required to address this.
- Wellways uses Carelink+ as the participant management system. Carelink+ includes rostering, case notes, participant information and funding reports. Carelink+ does not currently have an easily reportable means of recording that a NDIS participant identifies as LGBTIQ+ and would like to be part of the project. This means that eligible participants potentially may not be explicitly offered the service.
- Only one male-identifying Out Together worker across the entire project limited the number of participants who required support with male specific challenges, e.g. a trans man who sought support in acting more “male” and navigating societal expectations of masculinity in public toilets and other settings to fit in.
- Many of the workers sought part-time workloads to support their own wellbeing which limited availability of service delivery.
- Unforeseen delays in commencing service delivery as negotiations occurred involving funding the meetings between potential participant and worker. The delays most frequently occurred when an external NDIS Coordinator of Supports was involved in the process. This issue was resolved by funding meet and greets from the Out Together budget, but it caused delays in the first two months after the workers had been trained.
- During the time Wellways increased the LGBTIQ+ participant base, the Out Together workers delivered services to mainstream NDIS participants using the peer work model. This was always the intention of the project and workers were informed of this during recruitment interviews and the specialised training. However, it also meant that workers had formed strong professional relationships with participants that they were then reluctant to disrupt to take on new LGBTIQ+ participants.

d. How did you measure success? How well did this capture project outcomes? Is there other information that would have provided a better understanding of outcomes?

Wellways captured outcomes via the following methods:

- Co-reflection. Throughout the co-reflection project workers identified success areas and systemic learnings for Wellways in the NDIS operational environment. Some of the learnings identified related specifically to the Out Together project (LGBTIQ+ specific or disability and/or mental health challenges related) and others were learnings for the entire Wellways NDIS model.
- Interviews with participants (including video interviews)
- Participant feedback
- Reflections and feedback from Wellways staff (Managers and supervisors, Rostering team, Customer Service Officers)
- Data reports from Carelink+ hours service delivered, type of services delivered (parts of plan accessed), changes reported by and for participants.
- Written case studies and narratives from workers

A better understanding of outcomes could have been gained through the use of validated outcome measures to demonstrate changes in participant wellbeing, including any impact on symptoms, functioning and social inclusion.

3.3 Reflecting on context: what worked, for whom and in what circumstances?

a. What worked well to support the achievement of your intended outcomes? In what situations did it work well?

- Passionate workforce involved in the project from project design to delivery.
- Wellways commitment to LGBTIQ+ and peer inclusion helped navigate the challenges, meant we had existing networks with external partners (NDIS LACs, LGBTIQ+
specific services, and disability employment services) to draw upon

• Wellways commitment to community inclusion and deep connection to the values (importance of the work) sustained momentum and support through difficult periods

• Champions of the project in each site it was operating from to support the workers and participants

• Practicing the peer skills with mainstream NDIS participants has solidified the training and concepts further for the workers

• Co-reflection provided peer-specific supervision and debriefing, inviting honest authentic reflections about how we do what we do and allowing us to make new meaning of experiences and new ways of being in the absence of a problem focus. As such co-reflection provided Wellways an effective quality improvement process.

b. What didn’t work so well in your project? In what situations didn’t it work so well, and why?

• The fact that Wellways is still designing and implementing mainstream NDIS practices meant that it was a challenge to add new processes. Because the project was operating as an alternative to mainstream practices, communication and understanding among the wider teams was a challenge and it was easy for breakdowns to occur

• Difficulties in ensuring the project was understood by staff not directly involved in project but whose work impacted the project (rostering, CSOs, reception staff, anyone answering the phone)

• High staff turnover in the NDIS workforce and the high proportion of casual/part-time workforce made it difficult to maintain knowledge and skills to support the project.

• Only one male identifying worker recruited in the project limited the options for participants who specifically needed a male worker.

• Seemingly routine delays that participants experience with NDIS planning processes meant that the potential for greater numbers of participants and hours of service delivery were likely unmet

• The lag in recruiting LGBTIQ+ participants meant workers were being referred and developing professional relationships with mainstream NDIS participants rather than LGBTIQ+ participants, impacting on their availability once people were in the program

• From a Rostering Team point of view, the feedback has been:
  > There is a lack of knowledge on participants who identify as LGBTQIA+ in different areas unless they specifically ask for an Out Together Worker when their supports are implemented (or when their regular worker is unavailable)
  > Trying to find staff to replace an Out Together Worker when there are none available and the participant is willing to try another worker can sometimes be difficult due to worker beliefs/culture
  > Those participants who want to identify as LGBTIQ+ cannot have a preference set for an Out Together Worker on the system – limitation of the database set up

c. Knowing what you know now, what would you do differently?

• Dedicate more time to preparing and consulting internal stakeholders (rostering, Customer Service Officers, etc) for their training and support needs to implement the project as quickly and smoothly as possible.

• Embed practices around meet and greets – who funds it, how to organise them with external Coordinators of Support.

• Calibrate the project implementation plan to better reflect the tight timeframes and manage risks

• Insert measures to ensure LGBTIQ+ participants have preference identified for receiving the LGBTIQ+ peer work.

• Insert measures to ensure participants who have preference for peer work are identified and offered it.

• Targeted recruitment for male support workers in to balance out LGBTIQ+ peer workers.
3.4 Reflecting on legacy: how sustainable are the innovations demonstrated?

a. Are you planning to continue with any of the practices or initiatives you tested during the project? Which practices and what will it require to continue with this approach?

Yes. Wellways is committed to continuing:

- Peer support as an offer for LGBTIQ+ participants and mainstream participants in NDIS services
- Co-reflection practice – still need to explore flexible options to maintain sufficient budget
- Providing LGBTIQ+ cultural competency training to staff
- Processes to support participant choice of worker
- Training for managers to support peer work in NDIS, LGBTIQ+ peer workforce
- Structure/processes to ensure new staff are aware also – no gaps
- Commitment to training staff in peer work practice

b. Please explain how the changes you undertook can be sustained within the NDIS pricing framework?

As a mode of practice, almost every service under the NDIS pricing framework could be delivered from a peer perspective. While the amount of training and supervision required could be seen as a barrier to continuing, Wellways believes this is possible. Our assumptions that support this are:

- Initial establishment cost of training for using Lived experience and LGBTIQ+ components are one off costs. The staff engaged in the training report high levels of job satisfaction and are working from a deep connection to their values. As such, they are more likely to stay with the organisation (higher retention rates), which reduces the overall cost to recruitment.
- Co-reflection is a value-adding practice with the capacity to increase staff retention rates; staff satisfaction and wellbeing; enhanced participant satisfaction and outcomes. Co-reflection may also be considered as a quality improvement and safeguarding process that will enable the organisation to meet the NDIS Commission’s Draft Quality and Safeguarding Guidelines.
- As awareness develops within the broader community about peer work and the NDIS, within the NDIS planners and LAC’s there will be an increase in demand for peer specialist services to be expanded, creating greater volume of participants and reduced costs.
- Wellways is active in advocating for better pay rates under the NDIS, particularly for peer work.

c. Is the approach you trialled suitable to be replicated or adapted by other disability service providers? If yes, what types of service providers would be most likely to benefit and what would they need to do?

Yes, this approach is suited to other disability service providers. Providers could use peer work for any cohort, not only LGBTIQ+ specific. As part of the Out Together project, Wellways created resources to support organisations considering implementing a similar model. Guidelines include:

- Identifying a clear values alignment and vision for implementing peer work to enable the organisation to have the commitment to carry on through challenging times
- Having identified champions of new model so internal stakeholders can go to them for support when necessary
- Link in with other organisations who have existing skill sets to support implementation
- Co-design is very important in getting it right. Include internal stakeholders at every stage to ensure all processes, policies and practices are supportive of the approach.
- Liaise with existing support and peer groups for the cohort to establish needs, build rapport, recruit workers and participants and promote new approach
- Use the new approach as a value add to the organisation
- Use the approach to support inclusive practice in general, and an inclusive workplace - all staff feel safer in an organisation that demonstrably values and celebrates diversity of experience and identity.
- Build organisational expertise to support future tendering and marketing
- Ensure participants have as great a degree of choice and control in accessing peer work
- Recruit an engage workers at values level and retain the passion for service delivery in your organisation – means potential avoidance of recruitment and re-training costs
- Embed peer specific supervision models as a method of meeting quality systems compliance
- Position peer workers as change agents. This then radiates out and encourages non-peer staff to be more engaged.
Appendix

Stats on workers and NDIS service delivered

**Out Together Project workers trained:** 13

**Out Together Project workers remaining in project (as at time of writing):** 9 (1 relocated interstate, 1 returned to study, 1 resigned, 1 resigned – using skills elsewhere as Consumer Consultant)

**LGBTIQ+ identifying participants receiving peer work:** 14

**Total hours service delivered:** 417hrs

**Mainstream NDIS participants receiving peer work:** 87

**Total hours service delivered:** 5884hrs

**Services delivered in NDIS plan:**

- Improved Daily Living Skills
- Increased Social and Community Participation Assistance to Access Community Social and Recreation
- Assistance with Self-care
- Individual Skills and Development Training
- Assistance Personal and Domestic
- Support Co-ordination

**Networking/collaboration with other organisations**

- Geelong Rainbow Inc
- Geelong Council – GASP
- Deakin Uni
- Barwon Health
- Ballarat Pride Hub
- Geelong Gender Group
- Inter-agency network meetings, Grampians and Barwon
- NDIA
- Western Vic PHN
- Gay and Lesbian Health Victoria (GLHV)
- Senswide
- WorkingOut
- Health In Difference Conference (National LGBTI Health conference) April 2018
- Brook Red Conference (Lived Experience Workforce conference) May 2018
- The Mental Health Services Conference (TheMHS) August 2018

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Mental health and disability information, support and referral advice
9am to 9pm Monday to Friday (excluding public holidays)

Wellways respectfully acknowledges the traditional custodians of the lands and waters of Australia.
We are committed to inclusive communities.